

LA TEST #1

FORMS REQUIRED: FORM 1040A, SCHEDULE EIC, IT540, SCH E, SCH G

INFORMATION RETURNS ATTACHED:

W-2 (2), 1099R (1), 1099G (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040A, LINE 8a:

63

FORM 1040A, LINE 40b:

6,700 COMBAT PAY

STATEMENTS:

OTHER: DIRECT DEPOSIT- FEDERAL ONLY

COMBAT LOCATION - IRAQ

THIRD PARTY DESIGNEE:

Name:

JOHN DOE

Phone:

888-555-1111

PIN:

11125

PREPARED BY:

TAXPAYER:

NAME:

L A T E S T I WHY JR

SSN:

400-00-4301

DOB:

8/19/1955

OCCUPATION:

MILITARY

DISABLED:

NO

PRES ELEC FUND:

NO

DAYTIME PHONE:

NOT GIVEN

BLIND:

NO

SPOUSE:

NAME:

G W E N R K N O T T

SSN:

400-00-2001

DOB:

6/3/1973

OCCUPATION:

HOMEMAKER

DISABLED:

NO

PRES ELEC FUND:

NO

BLIND:

yes

DEPENDENT WHO N WHY

400-00-2005

QUALIFYING DOB: 7/8/2001

CHECK DIGITS FROM IRS LABEL:

HS

ADDRESS:

12457 WILSHIRE-ON-THE-HAMPTONS BLVD
BATON ROUGE, LA 70892

FILING STATUS:

MARRIED FILING JOINTLY

DIRECT DEPOSIT:FEDERAL ONLY NAME OF INSTITUTION: PLAINS CREDIT UNION

RTN:

123456780

ACCT#:

02135763

TYPE OF ACCOUNT:

CHECKING

ETD TRANSMISSION:

FORM 4868:

LINE 4:

0

LINE 5:

0

LINE 6:

0

CONSUMER USE TAX

160

PURCHASES

2000

2005 Child Care Credit Carryforward

62

2005 Credit Carry Forward

200

RETURN FILED

4/15/2007

e-mail address

efile@lamis.gov

Schedule EIC

Qualifying child information

1Name

WHO WHY

2 CHILD'S SSN

400-00-2005

3 CHILD'S YEAR OF BIRTH

2001

5 CHILD'S RELATIONSHIP TO YOU

SON

6 NUMBER OF MONTH'S CHILD LIVED WITH YOU

12

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FORMS INCLUDED:

Form 1040A:

Taxpayer's first name, initial, last name: LATEST I WHY JR

Taxpayer's social security number: 400-00-4301

Spouse's first name, initial, last name: GWEN R KNOTT SR

Spouse's social security number: 400-00-2001

Home address (number and street): 12457 WILSHIRE-ON-THE-HAMPTONS BLVD

City, state, and zip : BATON ROUGE, LA 70892

Taxpayer's Presidential Election Campaign Fund: NO

Spouse's Presidential Election Campaign Fund: NO

Filing status : MARRIED FILING JOINTLY

Head of household qualifying person's name:

Line 6a: Yourself (exemption): YES

Line 6b: Spouse (exemption): YES

Number of boxes checked on 6a and 6b: 2

Line 6c:

Dependent #1:

Name WHO N WHY

Social security number 400-00-2005

Relationship SON

Qualifying child YES

Dependent #2:

Name

Social security number

Relationship

Qualifying child

Dependent #3:

Name

Social security number

Relationship

Qualifying child

Dependent #4:

Name

Social security number

Relationship

Qualifying child

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Number of children who lived with you	
Number of children who did not live with you	1
Dependents not included above	
Line 6d: Total number of exemptions claimed	3
Line 7: Wages, salaries, and tips	16700
Line 8a: Taxable interest	63
Line 8b: Tax-exempt interest	0
Line 9a: Ordinary dividends	
Line 9b: Qualified dividends	
Line 10: Capital gain distributions	
Line 11a: IRA Distributions	
Line 11b: Taxable amount of IRA distributions	
Line 12a: Pensions and annuities	
Line 12b: Taxable amount of pensions and annuities	15200
Line 13: Unemployment compensation	200
Line 14a: Social security benefits	0
Line 14b: Taxable amount of social security benefits	0
Line 15: Total income	32163
Line 17: IRA deduction	
Line 18: Student loan interest deduction	
Line 19: Tuition and fees deduction	
Line 20: Total adjustments	0
Line 21: Adjusted gross income	32163
Line 22: Enter amount from line 21	32163
Line 23a: You were born before January 2, 1941	NO
You are blind	NO
Spouse was born before January 2, 1941	NO
Spouse is blind	YES
Total boxes checked	1
Line 23b If MFS and spouses itemizes deductions	
Line 24 Standard deduction	11300
Line 25 Subtract line 24 from line 22	20863
Line 26 Multiply \$3100 by the total number of exemptions claimed on line 6d	9900
Line 27: Taxable income	10963
Line 28: Tax	1098
Line 29: Credit for child and dependent care expenses	
Line 30: Credit for elderly or disabled	
Line 31: Education credits	
Line 32: Retirement savings contributions credit	
Line 33: Child tax credit	1000
Line 34: Adoption credit	
Line 35: Total credits	1000
Line 36: Subtract line 38 from line 28	98
Line 37: Advance earned income credit payments	
Line 38: Total tax	98
Line 39: Federal income tax withheld	670
Line 40: Estimated tax payments and overpayment applied	0
Line 41a: Earned income credit	292
Line 41b: Nontaxable combat pay election (DOD 1/2/2006)	6700
Line 42: Additional child tax credit	0
Line 43: Total payments	962
Line 44: Overpaid	864
Line 45a: Amount refunded	864
Line 45b: Routing number	123456780
Line 45c: Account type	CHECKING

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Line 45d: Account number 02135763
Line 46: Applied to estimated tax
Line 47: Amount you owe:
Line 48: Estimated tax penalty
Third party designee:
Designee's name JOHN DOE
Designee's phone number 888-555-1111
Designee's personal identification number (PIN) 11125
Taxpayer's occupation: MILITARY
Spouse's occupation: HOMEMAKER
Daytime phone number:
Return prepared by:

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Form W-2:#1

Box b: Employer identification number: 72-1234567
Box c: Employer's name, address, and zip code: US MILITARY
101 SW WASHINGTON ST
BATON ROUGE LA 70896
Box d: Employee's social security number: 400-00-4301
Box e: Employee's first name, initial, and last name: LATEST I WHY JR
Box f: Employee's address and zip code: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
BATON ROUGE, LA 70821
Box 1: Wages, tips, other compensation: 0
Box 2: Federal income tax withheld: 0
Box 3: Social security wages: 6700
Box 4: Social security tax withheld: 415
Box 5: Medicare wages and tips: 6700
Box 6: Medicare tax withheld: 97
Box 7: Social security tips
Box 8: Allocated tips
Box 9: Advance EIC Payment
Box 10: Dependent care benefits
Box 11: Nonqualified plans
Box 12a: Q 6700
Box 12b:
Box 12c:
Box 12d:
Box 13: Statutory employee
Retirement plan
Third-party sick pay
Box 14: Other
Box 15: State LA
Employer's state ID number: 1234564-001

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Form W-2:#2

Box b: Employer identification number: 72-1928374
Box c: Employer's name, address, and zip code: WEARABLE GARMENTS MANUFACTURING
2 WASHINGTON CIRCLE
Baton Rouge, LA 70806
Box d: Employee's social security number: 400-00-4301
Box e: Employee's first name, initial, and last name: LATEST I WHY JR
Box f: Employee's address and zip code: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
BATON ROUGE, LA 70821
Box 1: Wages, tips, other compensation: 16700
Box 2: Federal income tax withheld: 670
Box 3: Social security wages: 16700
Box 4: Social security tax withheld: 1035
Box 5: Medicare wages and tips: 16700
Box 6: Medicare tax withheld: 242
Box 15: State and State ID number: LA 3476250001
Box 16: State wages, tips, etc: 16700
Box 17: State income tax: 167

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Form 1099-R: RETIREMENT DATE 10/2004

Payer's name, street address, city, state, and zip:
State of Louisiana Retirement System
14286 Government Blvd
Baton Rouge, LA 70821
Payer's federal identification number: 72-3234567
Recipient's identification number: 400004301
Recipient's name: LATEST I WHY JR
Recipient's street address: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
Recipient's city, state, and zip: BATON ROUGE, LA 70821
Box 1: Gross Distribution: 15200
Box 2a: Taxable amount: 15200
Box 2b: Taxable amount not determined
Total distribution: 15200
Box 3: Capital gain (included in box 2a)
Box 4: Federal income tax withheld
Box 5: Employee contributions
Box 6: Net unrealized appreciation in securities
Box 7: Distribution code: 7
IRA/SEP/SIMPLE
Box 8: Other
Box 9a: Percentage of total distribution
Box 9b: Total employee contributions
Box 10: State tax withheld
Box 11: State/payer's state number: LA 3479625001
Box 12: State distribution: 15200
Box 13: Local tax withheld
Box 14: Name of locality
Box 15: Local distribution

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Form 1099-G:

Payer's name, street address, city, state, and zip: US DEPARTMENT OF THE TREASURY

PO BOX 8903

BLOOMINGTON, IL 61702

Payer's federal identification number:

72-4556551

Recipient's identification number:

400004301

Recipient's name:

LATEST I WHY JR

Recipient's street address

12457 WILSHIRE-ON-THE-HAMPTONS BLVD

Recipient's city, state, and zip:

BATON ROUGE, LA 70821

Box 1: Unemployment Compensation:

200

Box 2: State or local income tax refunds, credits
or offsets

Box 3: Box 2 amount is for tax year:

2006

Box 4: Federal income tax withheld :

0

Box 5: ATAA payments:

0

Box 6: Taxable Grants:

0

Box 7: Agriculture Payments:

0

Box 8: Check if box 2 is trade or business income:

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SOCIAL SECURITY NUMBER 400-00-4301
 SOCIAL SECURITY NUMBER SPOUSE 400-00-2001

AMENDED RETURN

NAME LATEST I WHY JR
 SPOUSE NAME GWEN R KNOTT SR
 PRESENT ADDRESS 12457 WILSHIRE ON THE HAMPTONS BLVD
 CITY STATE ZIP BATON ROUGE, LA 70892
 SPOUSE BLIND
 FILING STATUS MFJ
 6A & B Yourself X Spouse X Blind X 3
 EXEMPTIONS: 1
 TOTAL EXEMPTIONS 4
 7 FEDERAL ADJUSTED GROSS INCOME 16947
 8 LESS FEDERAL INCOME TAX 98
 9 YOUR LOUISIANA TAX TABLE INCOME 16849
 10 YOUR LOUISIANA INCOME TAX 118
 11A OTHER NON REFUNDABLE TAX CREDITS 125
 11B AMT OF NONREFUNDABLE LA CHILD CARE CREDIT 0
 11D TOTAL NONREFUNDABLE TAX CREDITS 125
 13 CONSUMER USE TAX 160
 14 TOTAL INCOME TAX AND CONSUMER USE TAX 160
 15C AMOUNT OF TAX WITHHELD FOR 2006 167
 15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2005 200
 15H TOTAL REFUNDABLE CREDITS AND PAYMENTS 367
 16 OVERPAYMENT 207
 17D CREDIT TO 2007 INCOME 207
 18 SUBTOTAL 207
 19 REFUND 0

2005 ADJUSTMENTS TO INCOME

SCHEDULE E

1 FEDERAL ADJUSTED GROSS INCOME 32163
 3 TOTAL 32163
 4A INT AND DIV ON U S GOVERNMENT OBLIGATIONS 63
 4B LOUISIANA STATE EMPLOYEES RETIREMENT BENEFITS 15200
 _10/2004_____
 4K TOTAL 15263
 4L FEDERAL TAX APPLICABLE TO EXEMPT INCOME 47
 4M NONTAXABLE INCOME 15216
 5A LOUISIANA ADJUSTED GROSS INCOME 16947

SCHEDULE G

2005 NONREFUNDABLE TAX CREDITS

1 CREDIT FOR CERTAIN DISABILITIES

2B SPOUSE – BLIND

2C DEPENDENT – DEAF LOL MI BLIND

2C LIST DEPENDENT NAME(S) HERE _____

2D PRINT TOTAL NUMBER OF QUALIFYING DEPENDENTS 1

2E MULTIPLY 2D BY \$100 AND PRINT RESULT HERE 100

11 TOTAL NON REFUNDABLE CREDITS _____ 100

